

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

3/30/05 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
5				1		
6				1		
7				1		
8				1		
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50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
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99						
100						
TOTAL IND.		1				
TOTAL DEP.		9				
TOTAL CLAIMS		10				